## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED May 24, 2004 8:00 am Secretary of State 05-24-2004 90528 002 \*\*\*\*55.00

**DOCUMENT # L03000044410** GOLF SIDE GRILL AT APOLLO BEACH GOLF, LLC Principal Place of Business Mailing Address 801 GOLF AND SEA BLVD. 801 GOLF AND SEA BLVD. APOLLO BEACH, FL 33572 APOLLO BEACH, FL 33572 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292004 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For City & State 20-0399732 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zin Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE TITLE Change ☐ Addition Delete ST LACOPPOLA, H. KELLY NAME Moore, Ronald L. 801 GOLF AND SEA BLVD. STREET ADDRESS STREFT ADDRESS 801 Golf and Sca Blud. Apolly Beach, FL 33572 CITY-ST-ZIP APOLLO BEACH, FL 33572 CITY-ST-ZIP MGR ☐ Delete Addition TITLE MOORE, RONALD L NAME NAME Popko, George L. STREET ADDRESS 801 GOLF AND SEA BLVD. STREET ADDRESS 8pi Golf and CITY - ST - ZIP APOLLO BEACH, FL 33572 CITY-ST-7IP 33572 ST ☐ Change Delete ☐ Addition TITLE TITLE POPKO, GEORGE L NAME NAME STREET ADDRESS 801 GOLF AND SEA BLVD. STREET ADDRESS CITY-ST-7IP CITY-ST-7IP APOLLO BEACH, FL 33572 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Change TITLE Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustage empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE

CITY - ST - ZIP